## Supplemental Application Data Sheet

#### **Application Information**

**Application Number:** 10/633,875

Filing Date: 08/04/2003

**Application Type::** Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None Computer Readable Form (CRF)?::

Title:: METHODS FOR ELIMINATING FALSE

No

DATA INDISTINGUISHABLE AND FALSE **DIFFERENTIALS FROM COMPARATIVE** 

DATA MATRICES AND FOR QUANTIFYING

**DATA MATRIX QUALITY** 

**Attorney Docket Number::** 047940-0148

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

**Total Drawing Sheets::** 6

Small Entity?:: Yes

Petition included?:: No

Licensed US Govt. Agency:: National Cancer Institute and the National

Institutes of Health

**Contract or Grant Numbers One::** R01-CA81367 and R29-CA78825

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Primary Citizenship Country:: US  Status:: Full Capacity  Given Name:: Hassan M.  Family Name:: FATHALLAH-SHAYKH  City of Residence:: Chicago  State or Province of Illinois				
Given Name:: Hassan M.  Family Name:: FATHALLAH-SHAYKH  City of Residence:: Chicago  State or Province of Illinois				
Family Name:: FATHALLAH-SHAYKH City of Residence:: Chicago State or Province of Illinois				
City of Residence:: Chicago  State or Province of Illinois				
City of Residence:: Chicago  State or Province of Illinois				
Decidence				
Residence::				
Country of Residence:: US				
Street of mailing address:: Apt. 3501				
5020 South Lake Shore Drive	•			
City of mailing address:: Chicago				
State or Province of mailing IL				
address::				
Postal or Zip Code of mailing 60612	60612			
address::				
Correspondence Information				
Correspondence Customer Number:: 23524				
-Mail address:: mmanning@foleylaw.com				
Representative Information				
Representative Customer 23524				
Number::				

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Parent Filing		
		Application::	Date::	
This Application	Non-Provisional of	60/400,911	08/02/2002	

# Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

#### **Assignee Information**

Assignee name::

Rush-Presbyterian-St. Luke's Medical Center